

Mansfield Public Schools
Mansfield, Connecticut

PARENT PERMISSION FORM FOR PARENT/STUDENT FUNDED FIELD TRIPS ABROAD

I/We, the parent(s)/guardian(s) of _____ (student), understand the nature of the trip being planned to Germany from September 27, 2014 through October 18, 2014.

I/We understand that transportation will be by airplane, train, motor coach, and local transportation, and that overnight accommodations will be provided with home-hosts in Sarstedt, Germany or surrounding villages, and a youth hostel. The total cost of the trip will be paid entirely by me/us and/or my/our student.

Further, I/we are in accord with the purposes of and procedures governing this trip. I/We hereby grant permission for our son/daughter to participate. I/We understand that supervision will be provided. I/We recognize, however, that there are inherent risks involved in this trip abroad and that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which are beyond the control of the supervising teacher(s) or staff (including volunteers) and cannot be minimized by the exercise of reasonable care by the teacher(s) or staff. I/We further understand that this trip may take my/our student to unsettled areas of the world and countries that may be involved in political and/or military conflict. I/We agree to release and hold harmless the Town of Mansfield and the Mansfield Board of Education, their members, agents, officers, employees, representatives and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such inherent risks, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I/we hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my/our son/daughter. If the injury warrants advanced medical attention, I/we expect that whenever possible, every effort will be made to contact me/us to receive my/our specific authorization before action is taken. If efforts to contact me/us are unsuccessful, or the urgency of the situation prohibits contacting me/us prior to administering medical attention, I/we grant permission for necessary medical treatment to be given. In addition, I/we hereby give permission to the supervising teacher(s) or staff (including volunteers) to take my/our child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I/we cannot be located.

In the event that my son/daughter must return to Mansfield independently for reasons of health, accident, failure to conform to rules established by the teachers and staff in charge, etc., I/we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

I/we understand that the Mansfield Board of Education and its agents reserve the right to terminate this trip earlier than scheduled and/or to cancel planned activities at any point during the trip if the Mansfield Board of Education and/or its agents in their sole discretion determine such action to be in the best interests of the trip participants, including my child. I/we realize that I/we will be responsible for all costs associated with this trip without refund, including increased costs due to changes in travel arrangements and/or termination of the trip and/or cancellation of planned activities at any point during the trip.

Student Name (Please print)

Parent or Guardian (signed)

Date

Parent or Guardian (signed)

Date